

## **Request for Expedited Appointment**

### **Reason for Request:**

#### **Medical Treatment**

*Please attach a letter from your doctor in Honduras that states that it is not possible to obtain a treatment here and a letter from your doctor in the U.S. that states the date and approximate cost of the treatment. Also, include proof that you have sufficient funds to pay for the treatment, airfare and other costs.*

#### **Business**

*Attach a copy of invitation from the conference, training, etc.*

#### **Funeral/Sick Family Member**

*Attach a copy of a letter from the hospital or funeral home.*

#### **To postpone an interview before the appointed time \***

#### **To unify appointment dates of family members**

#### **Other (explain) \_\_\_\_\_**

### **Applicant's Information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Appointment** (Attach copy of the bank receipt): \_\_\_\_\_

**Date of Commitment in the U.S.:** \_\_\_\_\_

\*If the appointment time is passed go to a computerized branch of Banco Atlantida to make arrangements.

**Fax this form with the required documentation to  
(504) 237-1792. Please do not call the Consular Section.  
We will contact you only if the expedited appointment is  
approved.**